



TOTAL KNEE ARTHROPLASTY OPERATIVE FORM

Registry Form

Name: _____

MRN: _____

Imprint Area

Table with columns for SURGEON, DOB (MM/DD/YY), OPERATIVE DATE (MM/DD/YY), GENDER, KAISER MRN --, and checkboxes for ESJH, ESSC, EUHM, GA_OTHER.

Operative Side: [] Left [] Right Same day bilateral procedure? [] No [] Yes If yes, [] Sequential (1 surgeon) [] Simultaneous (2 surgeons)

Anesthesia: (Mark all that apply) [] General [] Spinal [] Epidural [] Regional [] Femoral Nerve Block [] MAC [] Other _____

ASA Score: [] 1 [] 2 [] 3 [] 4 [] 5

Infection Prophylaxis: [] Antibiotics Irrigation [] Antibiotics in Cement [] IV Antibiotics [] Laminar Flow [] Space Suits [] Other: _____

Operative time: (skin-to-skin) _____ mins EBL: _____ ml

Tourniquet Time: _____ mins Pressure: _____ mmHg

Drain: [] Reinfusion [] Non-Reinfusion [] None

Reason for surgery (Check all that apply)

- Grid of checkboxes for reasons for surgery: Osteoarthritis (OA), Rheumatoid arthritis (RA), Inflammatory arthritis (Non-RA), Post traumatic arthritis, Arthrofibrosis, Aseptic loosening, Component fracture, Failed Ext. Mech., Failed HTO, Failed ORIF, Failed UKA, Failed Uni-spacer, Femoral fracture, Tibial fracture, Ingrowth failure, Instability, Liner wear, Osteolysis, Osteonecrosis/Avascular necrosis, Pain, PF joint malfunction, Infection, Seroma/Hematoma, Synovial impingement, Wound dehiscence, Wound drainage, Other.

Revision: [] Yes [] No Conversion: [] Yes [] No

Procedure (Check all that apply)

- Grid of checkboxes for procedure types: TKA with patella, TKA without patella, TKA revision, UKA (medial), UKA (lateral), UKA converted to TKA, Patellofemoral uni/arthroplasty, HWR, I&D, Liner exchange, MUA, ORIF changed to TKA, ORIF of, Other, Revision femur, Revision patella, Revision tibia, Stage 1 - explantation, Stage 2 - reimplantation, Synovectomy, CAS (Computer Assisted Surgery), RAS (Robotic Assisted Surgery), Zimmer-ROSA, SmithNephew-CORI, Depuy-VELYS, Stryker-MAKO, Other, RAS Version.

Cement: [] None [] All [] Patella [] Tibia [] Femur

Bone graft: [] None [] Non-Structural [] Structural (Specify location): [] Tibia [] Femur

Soft Tissue Releases: Lateral retinaculum (patellar tracking) [] Yes [] No

Exposure: [] Mid-vastus [] Parapatellar [] Sub-vastus [] Tubercle osteotomy [] Mini [] Quadriceps release [] Trivector [] Other _____

Intra-op Complications? [] Yes [] No If yes, specify _____

VTE-Prophylaxis: (List all anticipated)

- Grid of checkboxes for VTE-Prophylaxis: Coumadin, Low molecular weight heparin, Aspirin, Arixtra (fondaparinux), SCD, Foot pump, TED hose, Xarelto (rivaroxaban), Other.

SIGNATURES:

DATE:

Please scan & email to implantregistries-forms@kp.org; or secure efax to 844-527-0153.

PLACE IMPLANT STICKERS HERE

Femoral Component

Tibial Tray

Tibial Insert

Patella

Cement

Screws